

**SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT
OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS**

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE/HUMAN RESOURCES

THIS IS FORM CS-205 PART A. 725 Veterans Memorial Highway, North County Complex, Bldg. 158
YOU MUST ALSO COMPLETE P.O. Box 6100 Hauppauge, NY 11788-0099
FORM CS-205 PART B. (631) 853-5500 Internet: www.co.suffolk.ny.us/civilservice

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE,
CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE. 09-0101.. 07/02cb

Unless otherwise stated in the examination announcement, **THE APPLICATION PROCESSING FEE IS \$25.00.** A separate application is required for each examination (identified by examination number) for which you are applying. Each application **MUST** be accompanied by a \$25 **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. **DO NOT SEND CASH.** Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the applicant's social security number on the face of the check or money order. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information.

PLEASE PRINT:

1. EXACT TITLE OF EXAMINATION _____

2. _____

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SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME M.I.

MAILING ADDRESS _____

LEGAL ADDRESS (Not a Post Office Box) _____

CITY STATE ZIP CODE

CITY STATE ZIP CODE

3. PLACE OF EXAMINATION

Please check the examination center where you wish to be tested.

☐ SELDEN ☐ RIVERHEAD

4. DAYTIME TELEPHONE NUMBER (include area code)

You may be contacted by prospective employers.

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5. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, **not** where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	VILLAGE	LIBRARY DISTRICT
C -	T -	S -	V -	L -

6. GEOGRAPHIC ZONES

Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

Zone 1 ☐ Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships

Zone 2 ☐ Brookhaven Township

Zone 3 ☐ Smithtown and Islip Townships

Zone 4 ☐ Huntington and Babylon townships

7. Check appropriate box to the right of each question:

A. Have you ever been convicted of any crime (felony or misdemeanor)?

YES NO
☐ ☐

B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?

YES NO
☐ ☐

C. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

YES NO
☐ ☐

D. Did you ever resign from any employment rather than face dismissal?

YES NO
☐ ☐

E. Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable or which was issued under other than honorable circumstances?

YES NO
☐ ☐

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 7 you **MUST** give specifics in the COMMENTS section below.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. Background investigations may be conducted on all candidates considered for employment. A False statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

8. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday?

Yes NO
☐ ☐

If you checked YES, you will be asked to provide verification.

9. Do you need special accommodations to participate in this examination?

YES NO
☐ ☐

If you checked YES, please describe the type assistance you request in the COMMENTS section below.

10. COMMENTS _____

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(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY

DEPARTMENT OR JURISDICTION _____

DATE APPOINTED _____

FOR CIVIL SERVICE USE ONLY

TEST SCORE _____	NOTES _____	<input type="checkbox"/> PENDING TRANSCRIPT	ELIGIBLE	INELIGIBLE
VETS CREDIT _____	_____	<input type="checkbox"/> PENDING NECESSARY		
TOTAL SCORE _____		SPECIAL REQUIREMENT _____	DATE _____	

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 11 - 14. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

11. EDUCATION

- A. Have you graduated from senior high school? ☐ YES ☐ NO
If yes, complete name and location.

Name of school: _____

Location: _____

- B. If you have a high school equivalency diploma, indicate:

_____ Issuing Authority

- C. If you did **NOT** graduate from high school, circle highest school year completed: 4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Day or Night	Full or Part Time	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree Received	Date Degree Received
List each College University or Professional School Attended									
	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Day or Night	Full or Part Time	Type of Course or Major Subject		Number of Hours Attended		Did you successfully complete this course?
Technical or other Schools or Special Courses									

12. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License: 1 2 3 4 5 6 A B C D E M

Date of Expiration _____

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

14. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail **ALL** paid and volunteer employments **relevant** to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. **IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION. INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT.** (If more space is needed, attach 8½x11" sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, **WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK.** State size and kind of working force, if any, supervised by you and the extent of such supervision.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) \$ /WK /MO /YR	DUTIES:		
TYPE OF BUSINESS			
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME	TELEPHONE NUMBER	

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE				
		SUPERVISOR'S NAME TELEPHONE NUMBER		

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE				
		SUPERVISOR'S NAME TELEPHONE NUMBER		

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE				
		SUPERVISOR'S NAME TELEPHONE NUMBER		

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR.		FIRM NAME	ADDRESS	CITY AND STATE
FROM / TO /				
EARNINGS (Circle One) \$ /WK /MO /YR		DUTIES:		
TYPE OF BUSINESS				
YOUR EXACT TITLE				
Average no. of hrs. worked per week (exclusive of overtime)				
SUPERVISOR'S TITLE				
		SUPERVISOR'S NAME TELEPHONE NUMBER		

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

DISABLED VETERANS: 10 points for Open-Competitive Exams
5 points for Promotional Exams

NON-DISABLED VETERANS: 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to PASSING CANDIDATES at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veterans, you must:

1. Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States during any of the following periods:

WORLD WAR II	- December 7, 1941 through and including December 31, 1946
KOREA	- June 27, 1950 through and including January 31, 1955
VIETNAM	- December 22, 1961 through and including May 7, 1975
LEBANON*	- June 1, 1983 through and including December 1, 1987
GRENADA*	- October 23, 1983 through and including November 21, 1983
PANAMA *	- December 20, 1989 through and including January 31, 1990
PERSIAN GULF	- August 2, 1990 - to the end of hostilities as yet undefined

* To receive veterans' credits for service in these campaigns, an applicant must also have been the recipient of one of the following:

Armed Forces Expeditionary Medal
Navy Expeditionary Medal
Marine Corps Expeditionary Medal

2. Have been honorable discharged or released under honorable conditions from such service.

3. Submit a photocopy of separation papers (i.e. FORM DD-214 or NAVPRS-553) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete ,FOR EACH TITLE,

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

COUNTY									
NAME	CODE								
Suffolk County	C-1	Lindenhurst	V-13	Deer Park	S-306	Sachem	S-220	Connetquot	L-10
Other	C-0	Lloyd Harbor	V-14	East Hampton	S-103	Sag Harbor	S-118	Copague	L-11
		Nissequogue	V-15	East Islip	S-208	Sagaponack	S-119	Deer Park	L-12
		North Haven	V-16	East Moriches	S-209	Sayville	S-221	East Islip	L-13
		Northport	V-17	Eastport	S-104	Shelter Island	S-120	Half Hollow Hills	L-14
		Ocean Beach	V-18	East Quogue	S-105	Shoreham-Wading River	S-121	Harborfields	L-15
		Old Field	V-19	Elwood	S-307	Smithtown	S-315	Hauppauge	L-34
		Patchogue	V-20	Fire Island School	S-210	Southampton	S-122	Huntington	L-16
		Poquott	V-21	Fishers Island	S-106	South Country	S-222	Islip	L-17
Babylon	T-01	Port Jefferson	V-22	Greenport	S-107	South Haven	S-223	Lindenhurst	L-18
Brookhaven	T-02	Quogue	V-23	Half Hollow Hills	S-308	South Huntington	S-316	Longwood	L-21
East Hampton	T-03	Sag Harbor	V-24	Hampton Bays	S-108	South Manor	S-224	Mastic-Moriches-Shirley	L-19
Huntington	T-04	Saltaire	V-25	Harborfields	S-309	Southold	S-123	Middle Country	L-20
Islip	T-05	Shoreham	V-26	Hauppauge	S-211	Springs	S-124	Montauk	L-33
Riverhead	T-06	Southampton	V-27	Huntington	S-310	Three Village	S-225	North Babylon	L-22
Shelter Island	T-07	Village of the Branch	V-28	Islip	S-212	Tuckahoe	S-125	Northport	L-23
Smithtown	T-08	Westhampton Beach	V-29	Kings Park	S-311	Wainscott	S-126	Patchogue-Medford	L-24
Southampton	T-09	Other	V-00	Laurel	S-109	West Babylon	S-317	Sachem	L-25
Southold	T-10			Lindenhurst	S-312	West Islip	S-226	Sayville	L-26
				Little Flower	S-110	Westhampton Beach	S-127	Shoreham-Wading River	L-27
				Longwood	S-214	West Manor	S-228	Smithtown	L-28
				Mattituck - Cutchogue	S-111	William Floyd	S-227	South Huntington	L-29
				Middle Country	S-213	Wyandanch	S-318	West Babylon	L-32
				Miller Place	S-215			West Islip	L-30
				Montauk	S-112			Wyandanch	L-31
				Mt. Sinai	S-216			Other	L-00
				New Suffolk	S-113				
				North Babylon	S-313				
				Northport - E. Northport	S-314				
				Oysterponds	S-114				
				Patchogue-Medford	S-217				
				Port Jefferson	S-218				
				Quogue	S-115				
				Remsenberg - Speonk	S-116				
				Riverhead	S-117				
				Rocky Point	S-219				

Form VC-3,(Authorization for Disability Record), in duplicate and forward BOTH copies immediately to the Regional Office of the United States Veterans Administration where your application for disability pension is on file. The Veterans Administration will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a war-incurred disability of at least ten percent (10%) certified by the Veterans Administration at the time of application for additional credits.

15. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

1. ☐ YES, AS A NON-DISABLED VETERAN
2. ☐ YES, AS A DISABLED VETERAN
3. ☐ NO.

If you checked YES, complete 15B and C:

- B. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?
☐ YES ☐ NO If you check YES complete the information in 15D below.

CIVIL SERVICE LAW LIMITS THE USE OF VETERANS' CREDITS TO ONE PERMANENT COMPETITIVE CLASS APPOINTMENT WITHIN NEW YORK STATE.

- C. With the exception of the federal service, have you ever been employed by a governmental agency outside the Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State?)

☐ YES ☐ NO If you checked YES complete the information in 15D below:

D. Government Name _____

Length of Employment From _____ To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

INCORPORATED VILLAGES

NAME	CODE	SCHOOL DISTRICTS
Amityville	V-01	Amagansett S-101
Asharoken	V-02	Amityville S-301
Babylon	V-03	Babylon S-302
Belle Terre	V-04	Bay Shore S-201
Bellport	V-05	Bayport-Blue Point S-202
Brightwaters	V-06	Brentwood S-203
Dering Harbor	V-07	Bridgehampton S-102
East Hampton	V-08	Center Moriches S-204
Greenport	V-09	Central Islip S-205
Head-of-the-Harbor	V-10	Cold Spring Harbor S-303
Huntington Bay	V-11	Commack S-304
Islandia	V-30	Comsewogue S-206
Lake Grove	V-12	Connetquot S-207
		Copague S-305

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09

DECLARATION:

I declare, **subject to the penalties of perjury** that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

X

DATE

SIGNATURE OF APPLICANT

State former name or any other name(s) by which you were known.